



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
EMPLOYMENT TRAINING SECTION  
**JOB TRAINING PARTICIPANT TERMINATION REPORT**

P.O. BOX 480  
JEFFERSON CITY, MO 65102

DESE 4

**AGENCY DATA**

1. NAME OF SCHOOL

2. SCHOOL ADDRESS (NUMBER, STREET CITY, STATE & ZIP CODE)

**PARTICIPANT DATA**

3. NAME OF PARTICIPANT

4. PARTICIPANT SOCIAL SECURITY NUMBER

5. COURSE TITLE OR PROGRAM FOR WHICH TRAINING WAS GIVEN.

6. PARTICIPANT CERTIFICATION/PROJECT NUMBER (AS SHOWN ON DESE 6 FORM)

**ATTENDANCE DATA**

7. ATTENDANCE  
(MO., DAY, YR.)

A. FIRST DAY

B. LAST DAY

C. NUMBER OF DAYS MISSED

**COMPLETION DATA**

8. Check One:

- ☐ Student completed all course objectives.
- ☐ Student completed at least 50% of the course and found a training related job.
- ☐ Student did not complete course.

9. Check One:

- ☐ I have billed for all the JTPA costs associated with this student.
- ☐ I have not billed and do not plan to bill DESE for additional costs associated with this student.
- ☐ I have not billed but plan to bill DESE for additional costs associated with this student.

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT.**

NAME AND TITLE OF AUTHORIZED OFFICIAL

SIGNATURE

DATE

**COPIES OF TERMINATION: (1) File, (1) Department of Elementary and Secondary Education, (2) Referring Office and/or Service Delivery Area.**